

Appeals Form

Instructions for Using the Appeals Form

Introduction: At CivilEdge, we are committed to ensuring fairness and transparency in all decisions affecting our students. This form is designed to facilitate the appeals process for decisions you believe to be incorrect or unfair. By submitting an appeal, you enable us to review the decision thoroughly and consider your concerns. Please read the instructions carefully, complete all sections, and provide any relevant evidence to support your case. Our team is here to assist you if you need guidance during the process.

Important Information: Please complete this form if you wish to lodge an appeal regarding a decision made by CivilEdge. Ensure all required sections are completed, and attach any relevant evidence to support your appeal.

All appeals are handled confidentially, and records are securely maintained. If you require assistance in completing the form, please contact the support staff for guidance.

For any questions about the complaints process or for assistance, contact CivilEdge via the details provided in the student handbook or on the CivilEdge's website.

Section 1: Personal Details	
Full Name:	
Student ID: (if applicable)	
Email Address:	
Phone Number:	
Preferred Contact Method:	<input type="checkbox"/> Email <input type="checkbox"/> Phone

Section 2: Details of the Appeal

Please provide specific information about your complaint

Date of appeal:

Decision Being Appealed:

Please specify the decision that you are appealing, e.g., assessment outcome, RPL decision, enrolment issue.

Reason for Appeal:

Provide a clear explanation of why you believe the decision is incorrect or unfair. Include any relevant details or circumstances.

Section 3: Supporting Evidence

Please attach any relevant supporting documents (e.g., emails, assessment feedback, supporting documents).

If yes, please list the documents attached:

Section 4: Preferred Resolution

What outcome are you seeking because of this appeal?

--

Section 5: Declaration

I declare that the information provided in this form is true and accurate to the best of my knowledge

Signature:	
Date:	

Section 6: Office Use Only

This section will be completed by the RTO staff.

Appeal Received By:	
Date Received:	
Acknowledgement Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Acknowledgement Sent:	
Appeal Assigned To:	
Resolution Due Date:	

Actions Taken and Notes:	
Outcome:	
Final Resolution Communicated to Appellant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Communicated:	
Details added to the CIP Register:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Form Completed By:	
Full Name:	
Signature:	
Date:	